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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/054.325	10/25/2001	Allan Weed	28001-04006	4010

TITLE OF INVENTION: WAFER PEDESTAL TILT MECHANISM AND COOLING SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	03/11/2004
EXAM	MINER	ART UNIT	CLASS-SUBCLASS]	
HUGHES	, JAMES P	2881	250-443100	•	
1. Change of correspondence	e address or indication of "Fe	e Address" (37 2. Fo	or printing on the natent front page	list (1) the	

CFR 1,363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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J. A. Kastelic
2 D. A. Robitaille
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Authorized Signature)

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or category	ories (will not be printed on the patent);	☐ individual	□ corporation or other private group entity	☐ governm
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):			
☐ Issue Fee	☐ A check in the amo	unt of the fee(s)	is enclosed.	
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Complete if Known

Application Number 10/054,335

Filing Date

PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Complete if Known

Application Number 10/054,335

for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

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Complete if Known				
Application Number	10/054,325			
Filing Date	10/25/01			
First Named Inventor	Allan Weed			
Examiner Name	Hughes James P.			
Art Unit	2881			
Attorney Docket No.	00.5M6-413			

METHOD OF PAYMENT (check all that apply)	ETHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued)						
Check Credit card Money Other None 3. ADDITIONAL FEES							
Deposit Account:]		
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Account 50294	1051	130	2051	• • •	Surcharge - late	filing fee or oath	
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Account Axcelis Technologies, I.K.	l			420	cover sheet	-Iffantian	
The Director is authorized to: (check all that apply)	1053 1812	130	1053 1812		Non-English spe For filing a reque	ecification est for ex parte reexamination	
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FEE CALCULATION	1251	110	2251	55		ply within first month	I
1. BASIC FILING FEE	1252	420	2252	210	Extension for re	eply within second month	
Large Entity Small Entity	1253	950	2253	475	Extension for re	eply within third month	<u> </u>
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension for re	eply within fourth month	
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension for re	eply within fifth month	
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appea	al	
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in	support of an appeal	L
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for ora	I hearing	L
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institu	ute a public use proceeding	
SUBTOTAL (1) (\$)	1452	110	2452	55	5 Petition to revive	e - unavoidable	
	1453	1,330	2453	665	5 Petition to reviv	e - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	5 Utility issue fee	(or reissue)	i330.∞
Extra Claims below Fee Paid	1502	480	2502	240	Design issue fe	e	
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Claims - 3" =	1460	130	1460	130	Petitions to the	Commissioner	
Multiple Dependent	1807	50	1807	7 50) Processing fee	under 37 CFR 1.17(q)	
Large Entity Small Entity Fee Fee Fee Fee <u>Fee Description</u>	1806	180	180€			nformation Disclosure Stmt	<u> </u>
Code (\$)	8021	40	802	1 40	Recording each	patent assignment per number of properties)]
1202 18 2202 9 Claims in excess of 20	1809	770	2809	9 385		sion after final rejection	
1201 86 2201 43 Independent claims in excess of 3		•••		J	(37 CFR 1.129)		
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	0 385		onal Invention to be]]
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	385	examined (37 C Request for Co	CFR 1.129(b)) ontinued Examination (RCE)	
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SUBTOTAL (2) (\$) **or number previously paid, if greater; For Reissues, see above	Keniscen by Basic Filling Fee Pain Country (4) 1/6)						
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